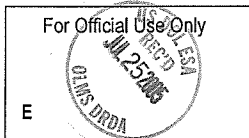


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4235</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Patrick</u> <u>M</u> <u>Varriale</u> P.O. Box, Bldg., Room No., if any _____ Street <u>511 Clawson Street</u> City <u>Staten Island</u> State _____ ZIP Code + 4 <u>10306</u>	4. Name, file number, and address of labor organization. Name <u>AMERICAN FEDERATION OF MUSICIANS</u> Labor Organization File Number <u>000-207</u> P.O. Box, Building and Room Number, if any <u>Suite 600</u> Street <u>1501 Broadway</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036-5501</u>
5. Position in labor organization. <u>Contract Administrator</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Pierre Cossette Productions</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>#100</u> Street <u>8899 BEVERLY BLVD.</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90048</u>	7.a. Nature of Interest, Transaction, or Income. <u>Tickets to Latin Grammy Awards show</u> 7.b. Amount. <u>\$1,100</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick M Varriale

On

7/1/05
Date

(212) 869-1330 x234

Telephone Number

Name of Person Filing Patrick Varriale

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bryan Cave LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 31st Floor

Street 1290 Avenue of the Americas

City New York

State New York ZIP Code + 4 10104

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Norman K. Samnick

Trade Name, if any: Bryan Cave LLP

P.O. Box, Bldg., Room No., if any 31st Floor

Street 1290 Avenue of the Americas

City New York

State New York ZIP Code + 4 10104

11.a. Nature of such dealing.

Lunch meeting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch provided by employer

12.b. Amount.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.